

TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 - 1 1

2. STATE  
MO3. PROGRAM IDENTIFICATION: TITLE XIX OF  
THE SOCIAL SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

07/01/02

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

441.151 subpart D (2)

7. FEDERAL BUDGET IMPACT:

a. FFY 03 \$ 2,103,209  
b. FFY 04 \$ 2,149,269

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

3.1-A page 18

9. PAGE NUMBER OF THE SUPERSEDES  
PLAN SECTION OR  
ATTACHMENT (If Applicable):

3.1-A page 18

10. SUBJECT OF AMENDMENT:

This amendment will permit the Department of Mental Health, Division of Alcohol and Drug Abuse, to furnish covered Medicaid inpatient psychiatric services to individuals under the age of 21 in CSTAR programs.

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *cu*  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*[Signature]*

13. TYPE NAME:

Dana Katherine Martin

14. TITLE:

Director

15. DATE SUBMITTED: June 26, 2002

16. RETURN TO:

Division of Medical Services  
615 Howerton Court  
Jefferson City, MO 65102

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

06/27/02

18. DATE APPROVED:

SEP 25 2002

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07/01/02

20. SIGNATURE OF REGIONAL OFFICIAL:

*Carol McBrayer for*

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid &amp; State Operations

23. REMARKS:

*cc martin  
vagner  
waite  
CO  
DSG-DIATA*

SPA CONTROL

Date Submitted: 06/26/02

Date Received: 06/27/02

State Missouri

15.a. Intermediate Care Facilities Services

No payment for services will be made if the requirement for preadmission screening has not been made prior to admission and a determination made that nursing home placement is appropriate.

Intermediate care facilities services are limited to recipients who are medically certified as requiring this level of care by the state agency Medical Consultant. Duration of service coverage is conditional upon periodic, subsequent recertification.

15.b. Including Such Services in an Institution for the Mentally Retarded

Intermediate care facility/mentally retarded services are limited to recipients who are medically certified as requiring this level of care by the state agency Medical Consultant. Duration of service covered conditional upon periodic, subsequent recertification.

16. Inpatient Psychiatric Facility Services for Individuals Under 22 Years of Age

Inpatient psychiatric facility services are limited to those provided for those recipients who are medically certified as requiring this level of care in accordance with 42 CFR 441.152. Services are limited to individuals under the age of twenty-one (21), or if receiving the services immediately before attaining the age of twenty-one (21), not to extend beyond the earlier of:

- (1) the date the services are no longer required; or
- (2) the date the individual reaches the age of twenty-two (22).

Coverage of services will be limited to those provided within a psychiatric facility or program within a psychiatric facility which is accredited by the Joint Commission on Accreditation of Healthcare Organizations and licensed by the hospital licensing authority of the State of Missouri; provided within a Comprehensive Substance Treatment and Rehabilitation Services (CSTAR) program which is certified by the Division of Alcohol and Drug Abuse, Department of Mental Health, in accordance with the Certifications Standards for Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs, or provided within a psychiatric facility operated by the Missouri Department of Mental Health and accredited by the Joint Commission on Accreditation of Healthcare Organizations. General medical or surgical care which may be required and provided while the recipient is receiving psychiatric services in a state mental hospital is subject to the same benefits and limitations as apply to services received in a participating general hospital. Benefits as may be available to the recipient under Title XVIII, Part A, Medicare for inpatient psychiatric facility services are required to be utilized.